

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43672

State File No. 12

Registrar's No. 12

Registration District No. 749

Primary Registration District No. 5984

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Rural, Lesterville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
near Munger Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life
years, months or days 2

8. (a) PRINT FULL NAME Sarah Hill Light

3. (b) If veteran, name war # 3. (c) Social Security No. #

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Francis Light 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased March 10, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 7 23 _____ hr. _____ min.

9. Birthplace Reynolds Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name David Hasty
13. Birthplace Reynolds Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Jane Strickland
15. Birthplace Osage Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Light

(b) Address Middlebrook Mo.

17. (a) burial (b) Date thereof Nov. 5 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Munger Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) _____ (b) C. M. L. Patrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds
(c) City or town Rural
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1940 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 1,
1940, to Nov. 6, 1940.

that I last saw her alive on Nov. 1, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death abscess of the right lung

Due to Influenza

Due to _____

Other conditions. _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature C. M. L. Patrick M.D. or other _____

Address Reynolds Mo. Date signed 11/30/40

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No 5,

District File Number 14186

Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.